

United States District Court
Violation Notice

(Rev. 1/2019)

Location Code	Violation Number	Officer Name (Print)	Officer No.
AL42	9763059	A. Barbay	829

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code
08/26/2021 0912	36 CFR 4.23(a)(1)

Place of Offense	Denali Park Road Mile 3
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Offense Description: Factual Basis for Charge	HAZMAT <input type="checkbox"/>
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Operating under influence of
drugs

DEFENDANT INFORMATION	Phone: (907) 371-4465
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Last Name	First Name	M.I.
BUCKLEY	Jeffery	J.

Street Address	1852 Caribou Way
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City	State	Zip Code	Date of Birth
Fairbanks	AK	99709	08/03/1972

Drivers License No.	CDL <input type="checkbox"/>	D.L. State	Social Security No.
7410457	<input type="checkbox"/>	AK	54019 2511

<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair <input type="checkbox"/>	Eyes <input type="checkbox"/> BLU	Height <input type="checkbox"/> 6'00	Weight <input type="checkbox"/> 180
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VEHICLE	VIN: <input type="text"/>	CMV <input type="checkbox"/>
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Tag No.	State	Year	Make/Model	PASS <input type="checkbox"/>	Color
GRA 438	AK	11	Toyota Prius	<input type="checkbox"/>	Red

APPEARANCE IS REQUIRED	APPEARANCE IS OPTIONAL
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A If Box A is checked, you must appear in court. See instructions.

B If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See Instructions.

\$ Forfeiture Amount
+ \$30 Processing Fee

PAY THIS AMOUNT AT
www.cvb.uscourts.gov →

\$ Total Collateral Due

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address	Date <input type="text"/>
In Custody	
Time <input type="text"/>	

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy

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